

| | |
|------------------------------|---|
| Title | Neisseria gonorrhoeae |
| Specimen Requirements | Preferred specimen Pure viable culture. Pure Culture on appropriate media / chocolate agar slant ambient temperature. One culture per patient. |
| Sampling Materials | Sample Container: Agar slant in screw cap tube. Neisseria gonorrhoeae has growth requirements, which include 3-6% CO2 and appropriate media such as Thayer-Martin or Chocolate agar. Refrigeration of N. gonorrhoeae is NOT recommended. Overnight shipment is recommended. In the event of a suspected Sexual Abuse issue, please ensure that the culture is submitted utilizing a chain of custody procedure. |
| Procedural Notes | <ol style="list-style-type: none"> 1. Be sure to properly label the culture tube with the patient's name and date of collection/date sent. 2. Check the expiration date on the tube to ensure product is acceptable and will continue to be acceptable once received at the ISDH laboratory. 3. Category B UN3373, Triple contained in accordance with federal shipping regulations for infectious agents. Handle as an infectious agent. Take care to prevent transfer of organism to conjunctiva. 4. Complete a Reference Bacteriology Culture Identification request form for each culture with the following information: <ol style="list-style-type: none"> a. Name, age, and sex of patient b. Specimen source and date of isolation. c. Date of symptom d. Suspected disease agent e. Relevant comment which may include patient history or travel history f. Submitting clinic information-clinic name, address, phone number, fax number, contact name and email address (if available). g. Submitter eligibility: For Sexual abuse cases, contact ISDH STD 317-234-2871 |
| Shipping Instructions | <p>Triple contained in accordance with federal shipping regulations for infectious agents. See procedural notes #3</p> <ol style="list-style-type: none"> 1. Tighten the culture tube cap. Best to wrap tape around cap to help seal from any leakage. 2. Label clearly on the outside of the container/tube with the patient name, collection date/date sent. 3. Wrap this primary container with absorbent material. Place the primary container with absorbent material in the inner mailing container and tighten the cap securely 4. The completed request form may then be wrapped around the sealed inner container and together enclosed securely in an outer shipping container clearly labeled with senders name/address and recipients name/address. 5. Do not send culture isolates on petri plates if submitting by mail. <p>ISDH Reference Bacteriology Request form for mail submissions. Transport Temperature: 2-25°C</p> |
| Reporting and TAT | <p>Reporting Method: Mail</p> <p>Test Turnaround Time:3-16 days Test Referral: Isolates may be forwarded to the CDC for additional testing.</p> |